

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

FILED MAR 7 1962

Primary Registration District No. 1002

Registrar's No.

99062-006612

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY JACKSON

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN KANSAS CITY

Length of stay in 1b

35 years

c. CITY OR TOWN KANSAS CITY

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION ST JOSEPH HOSPITAL

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

4518 HOLLY STREET

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First HUGH

Middle H.

Last MAGERS

4. DATE OF DEATH

Month FEBRUARY

Day 16th

Year 1962

## 5. SEX

MALE

## 6. COLOR OR RACE

CAUCASIAN

7. Married ☒Widowed ☐Never Married ☐Divorced ☐

## 8. DATE OF BIRTH

8-11-87

## 9. AGE (last birthday)

74

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PUBLIC ACTUARY

## 10b. KIND OF BUSINESS OR INDUSTRY

MAGERS ACTUARY

## 11. BIRTHPLACE (City and state or country)

JASPER COUNTY MO

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

JOHN BRADLEY MAGERS

## 13b. MOTHER'S MAIDEN NAME

Charlotte Barbee

## 14. NAME OF HUSBAND OR WIFE

MRS. MARIAN MAGERS

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 17. INFORMANT

H. MALCOLM MAGERS 5908 WEST 62nd Terr

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Gangrenous Cholecystitis

## INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Acute myocarditis

## DUE TO (c)

few minutes

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

## Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 2-14-62 to 2-16-62 and last saw him alive on 2-16-62

Death occurred at 7:55 PM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

B. Atcheson, M.D.

(Degree or title)

## 22b. ADDRESS

2210 Wornall

## 22c. DATE SIGNED

2-17-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Feb. 19, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Mount Moriah Cemetery

## 23d. LOCATION (City, town, or county)

Kansas City

## (State)

Missouri

## 24. FUNERAL DIRECTOR

D.W. Newcomer's Sons Kansas City Mo

## 25. DATE RECD. BY LOCAL REG.

2-19-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Louis Ruett

Licensed Embalmer No. 4096

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.